



State of Alaska Department of Health & Social Services
Division of Public Assistance
Nutrition Services – WIC
PO Box 110612
Juneau, Alaska 99811-0612

ALASKA WIC PROGRAM COMPLAINT REPORT

Complaint against: ☐ Vendor ☐ Participant ☐ Alternate ☐ Other

Complaint submitted by: ☐ Vendor ☐ Participant ☐ Alternate ☐ Other

Name _____ Phone # _____

Address/Store Branch _____

Witness _____ Phone # _____

What happened: (include names, time, date, warrant number(s) Attach additional pages if necessary)

(Date)

(Signature of Complainant)

Office use only

Complaint accepted by _____ Date _____

Name of Local Agency: _____

Local Agency Action Taken:

Send copy to Vendor Management Unit via fax at (907) 465-3416